

I _____ a licensed physician, have attended to the medical needs of _____ on at least _____ occasions, as their primary or family physician. This patient has the following diagnosed medical condition(s) which put them at escalated risk of contracting infectious diseases:

I recommend this student be given accommodations allowing them to fulfill their academic requirements without returning to campus before April 13, 2020. This exemption is medically necessary, in my opinion, to protect the student's health due to potential complications arising from the spread of the coronavirus Covid-19.

Signed: _____

Printed name: _____

Date: _____, 2020.

Instructions to Student:

Please return this completed form to justin.archer@lcu.edu

Or

Justin Archer
CAA 117
Lubbock Christian University